Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Filing Date **MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET** Substitute for Form PTO-1360 (For use with Form PTO/SB/06) * May be used for additional claims or amendments AFTER SECOND CLAIMS AFTER FIRST **AMENDMENT AMENDMENT** Depend Indep Depend Indep Depend Indep Depend Indep Depend Indep Depa Indep 3 5 6 8 9 10 11 12 13 14 15 16 17 18 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 Total Total Indep Indep Total Total Depend Depend Total Total Claims Claims

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

SERIALNO. 101033129 APPLICANT(S) FILING DATE MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875) **CLAIMS** AFTER AFTER 1st AMENDMENT 2nd AMENDMENT AS FILED IND. DEP. DEP. IND. DEP. IND. DEP. IND. DEP. IND. DEP. 51 1 52 1 53 104 1 54 105 55 106 1 56 107 1 57 108 | 58 09 | 59 110 1 60 111 1 61 112 (62 113 63 114 64 115 1 65 116 1 66 1 17 67 1 18 68 1 19 <u>l 69</u> 20 1 70 121 1 71 1 22 172 23 173 124 74 25 175 126 176 127 **1** 77 128 78 129 179 1 30 80 31 1 81 (32 1 82 1 33 1 83 34 84 135 85 136 (86 | 37 1 87 38 188 1 39 89 140 (90 141 (91 (42 (92 43 193 144 194 145 195 **46** 96 147 197 <u>ƙ</u>48 **(** 98 [49 (99 150 700 TOTAL TOTAL TOTAL DEP. TOTAL DEP. TOTAL CLAIMS 28